

**Criminal Justice Collaborating Council – Alcohol Workgroup  
February 12, 2009**

Judge Davis called the meeting to order at 12:04 p.m.

**Committee Members Present:** Judge Mac Davis (Chair), Mickey Gabbert, Connie Acheson, Claudia Roska, Peter Schuler, Mike DeMares, Tim Westphal, John Wirkus, Lisa McClean, Diane Kelsner, Sara Carpenter, Andy Ladd, Susan Andrews, Bonnie Morris, Karl Held.

**Also Present:** Dr. Pamela Bean, Dr. Jim Harasymiw, Lindsay Johnson, Rebecca Luczaj.

**Approval of Minutes from January 8, 2009**

MOTION: Gabbert moved, Ladd second, to approve the minutes of January 8, 2009. Motion carried 13-0.

**Biomarkers Presentation**

Bean presented a PowerPoint presentation titled *Monitoring Repeat Intoxicated Drivers Using Alcohol Abuse Biomarkers* and distributed a hard copy of the presentation to workgroup members. Harasymiw said new technology brings new information. Biomarkers are able to detect who is at high risk for drinking and driving and allows more frequent intervention after a relapse. For years we've treated offenders the same way: arrest, treatment and release. This test allows us to find out if participants are benefiting from programming. The test is positive because it buys people sober time.

Ladd said the presentation indicated that heavy drinking will show positive results for two weeks. How does one beat the test? Bean said binge drinking can test positive for more than three weeks but bingeing today will not show up on tests in three months. Everyone knows how to overcome BAC tests but overcoming biomarker testing is more challenging. It's interesting what information is revealed from biomarker testing versus what participants admit to drinking. Harasymiw said these programs typically are not dealing with people who have the ability to control their drinking. Bean said biomarker tests remaining elevated above the baseline is an indicator also. Harasymiw said participants can stop drinking and have elevated levels but we can still tell they've stopped drinking.

Davis asked how the results are handled. Where do people go for testing? How much does it cost? Harasymiw said they have contracted with Dyna Care Labs for the testing but an order can be written to have the blood drawn done anywhere. Dyna Care has a contracted cost of \$75. The cost at non-contracted facilities is approximately \$300. They will try to secure contracts with other clinics as use expands. Roska said the clients of the Addiction Resource Council pay \$34 for testing because the program is considered experimental and part of a grant. There are three Dyna Care Labs in Waukesha County and 15 to 20 in the area.

Roska said use of this tool is a positive behavior motivator and allows us to intervene on a positive test. Harasymiw said this test makes a more powerful impact and intervention with drinkers than a urinalysis test. We can show people that they are drinking enough to change their body chemistry.

Andrews said a Drivers' Safety Plan can be amended and extended 12 to 18 months to include biomarkers testing.

**Presentation & Discussion of Proposed Models:**

**County Supervision**

Luczaj distributed a handout titled *"County Supervision" Model, Alcohol Workgroup, February 2009.*

Schuler explained that the County Supervision Model would provide supervision for those offenders who otherwise would not be eligible for state probation such as 2<sup>nd</sup> and low-risk 3<sup>rd</sup> OWI offenders. The one-year program would be modeled after Winnebago County's Pilot program and reduce the mandatory minimum periods of jail time for offenders who successfully complete a period of probation that includes AODA treatment. This program would provide a positive support system, accurate and scientific testing, an ability to tolerate people when they relapse, help people stay with their AODA treatment plans, have the support of the courts, etc. and would fill in the missing element in the treatment continuum .

Schuler said many people who are successful in ATC say it is due to the relationships they built with the case managers and judges. The model of supervision is important. There is a greater chance of success the longer the period sobriety. This program could be run out of the Day Reporting Center if additional capacity was added and be as long as the county or courts decide. Relapses during the program and beyond are expected.

Carpenter said the case manager responsibilities listed on the handout are being done now at the Day Reporting Center. The main issue with serving second and third OWI offenders at the Day Reporting Center is capacity which is currently at 50 people. The fees collected from the program could be used to hire a part-time or full time employee to expand the program. Participant surveys indicate the program works because of the relationships developed with staff in the program. The program builds people up to continue on the track to long-term sobriety.

Davis said the hammer would be stayed time. Schuler said you would know if your lifestyle is heading in the wrong direction with this program. Davis said we could set up the program so only county residents are allowed.

Roska said we talk about intoxicated drivers as if they are only one type of person. There are personal differences with OWI offenders. The non-compliance are typically criminals. Ladd said the people he represents would rather do 30 days in jail than one year of supervision. Davis said people could decide what they wanted to do.

Held said he would like to see this program start at a higher level of supervision which could be reduced as people prove themselves as they work through the program.

Davis said how many days would this save? Roska said the people who most need this program may choose to sit in jail.

Wirkus said he likes this plan. Some of the people we are treating are criminals. He would like to see the criminals in jail not using these resources.

DeMares said there would have to be a no closed-door policy. Some people age out of these transgressions. Things change as they get older or an illness wakes them up. Any intervention is positive when trying to combat constant drinking issues. With any program, you get better compliance with more supervision. Roska said there is a point of diminishing returns. There are people who won't change their drinking habits and other AODA options need to be sought. DeMares said the creation of a treatment piece would be a good wake up call for 2<sup>nd</sup> offenders. People should get treatment if they have a 2<sup>nd</sup> offense.

Davis said maybe someone needs to go to Winnebago County to see their plan in action.

Schuler left the meeting at 1:17 p.m.

MOTION: Davis moved, Schuler second, to further develop the County Supervision Model including building a subgroup, developing a plan and budget, etc. and reporting the results back to the full workgroup. Motion carried 14-0.

Davis said anyone interested in working to further develop the County Supervision Model should contact him or Luczaj.

#### **Alcohol Treatment Court Lite**

Davis said this program could be run without any additional resources. It would be similar to ATC except substantially streamlined, simpler and much cheaper. The goal of the program would be to reduce recidivism and increase sobriety among persons convicted of OWI. The program would maintain some post-sentencing monitoring or supervision and provide incentives to persons convicted of criminal OWI. Court resources could be allocated for the program and participants would pay for biomarker testing. Davis further explained the program as outlined in the handout titled *Supervised and Supported Bifurcated Sentences for OWI Offenders*.

#### **Set Future Meeting Date**

- March 13 at noon